Attorney Docket No. 2658-0282P

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Faccimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor. I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

| heer Title   | LIQUID CRYSTAL USING THE SAME  | DISPLAY DEVI       | E AND FABRICATING            | метнор тнр         | REOF AND METH         | OD OF REPAIR      | NG PIXEL                                |  |  |
|--|--|--------------------|------------------------------|--------------------|-----------------------|-------------------|---|--|--|
| Fill in Appropriate                                  | the specification of w   | hich is attached l | ereto. If not attached herei | to,                |                       |                   |   |  |  |
| Information -  | the specification was filed on   |                    |                              |                    |                       |                   |   |  |  |
| For Use Without                                      | United States Ap   | plication Numb     |                              |                    | نـــــ                |                   |   |  |  |
| - Specification                                      | and airended or  |                    |                              |                    |                       |                   | and/or                                  |  |  |
| Attached:  | the specification was filed onas rel   |                    |                              |                    |                       |                   |   |  |  |
|  |  | blication Namp     | ¥                            |                    |                       |                   | and was                                 |  |  |
|  | amended on(if applicable)  |                    |                              |                    |                       |                   |   |  |  |
| 79<br>1  | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal   |                    |                              |                    |                       |                   |   |  |  |
|  | Regulations, 51.56.  I do not know and do not believe the same was gver known or used in the   |                    |                              |                    |                       |                   |   |  |  |
| '9 !   |  |                    |                              |                    |                       | f America before  | my or our                               |  |  |
|  | invention thereof, or patential or described in any printed publication in any country before my or our invention make   |                    |                              |                    |                       |                   |   |  |  |
| U  |  |                    |                              |                    |                       |                   | cate issued                             |  |  |
| n  | one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issue before the date of this application in any country foreign to the United States of America on an application filed by me or my legs representative or assigns more than twelve months (six months for designs) prior to this application, and that no application to patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to the patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to the |                    |                              |                    |                       |                   |   |  |  |
|  | représentative or assi-<br>nations de seventorie d   | igns more than t   | invention has been filed in  | any country fo     | reien to the United S | tates of America  | erior to this                           |  |  |
| æi –   | application by me or my legal representatives or assigns, except as follows.   |                    |                              |                    |                       |                   |   |  |  |
| -L   | application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate.   |                    |                              |                    |                       |                   |   |  |  |
|  | or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:   |                    |                              |                    |                       |                   |   |  |  |
| Insuct Pelocity                                      | Prior Foreign Application(s)   |                    |                              |                    |                       | Priority C        | laimed                                  |  |  |
| Information;   | P2001-24592  | Korea              |                              | May 7, 2001        |                       | ×                 |   |  |  |
| (li appropriate)                                     | (Number)   | (Country)          |                              | (Month/Day         | /Year Filed)          | Yes               | Nο                                      |  |  |
|  |  |                    |                              |                    |                       | П                 |   |  |  |
|  | (Number)   | (Country)          |                              | (Month/Day         | /Ysar Filed)          | Ϋ́                | Ν <sub>0</sub> 、                        |  |  |
|  | I hareby claim the benefit under Tide 35, United States Code,  |                    |                              | • •                |                       | annheaticma(a) li | ted below                               |  |  |
|  | I traces crant dis be  | nent mast 11de     | 22, DIEBRI SKIES COKE, 311   | is(e) of any ofthi | ad Sailes blookidus   | app.icanoxo(o/ x  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |
| insert Provisional                                   |  |                    |                              |                    |                       |                   |   |  |  |
| Application(s):<br>(if any)                          | (Application Number)   |                    |                              | (Filing Date)      |                       |                   |   |  |  |
|  | (Application Number)   |                    |                              | (Filing Data)      |                       |                   |   |  |  |
|  | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Erfor to the Filing Date of This Application:  |                    |                              |                    |                       |                   |   |  |  |
|  | Country  |                    | Application Number           | •                  | Date of Filing (Mon   | th/Day/Year)      |   |  |  |
| Invert Requested<br>Informations<br>(if appropriate) |  |                    |                              |                    |                       |                   | <del></del>                             |  |  |
|  | I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which because available between the filing date of the prior application and the national or PCT international filing date of this application.              |                    |                              |                    |                       |                   |   |  |  |
| Insert Frior U.S.<br>Application(s):<br>(if any)     | (Application Number  | x)                 | (Filing Date)                |                    | (Status - patented, p | ending, abandon   | icd)                                    |  |  |
| Page 1 of 2  | (Application Number  | a)                 | (Filing Date)                |                    | (Status - patented, p | ending, abandor   | red)                                    |  |  |

Attorney Docket No. 2658-0282P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application, based on this application and to transact all business in the United States Patent and Trademark Office connected thereith and in connection with the resulting patent based on instructions received from the entity who first sant the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST THE FOLLOWING:

Invert Paul Office Address

N m

TU

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 \* Facsimile: (703) 205-8050
I hareby declare that all statements made herein of my own knowledge are true and that all statements made on information and beltef are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |                                       | <u> </u>      |                                       |  |  |  |  |  |  |
|--|---------------------------------------|---------------|---------------------------------------|--|--|--|--|--|--|
| CIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  |               | DATE*                                 |  |  |  |  |  |  |
| Su Woong LEE   | Su Woong LEE                          |               | 200), 12, 27.                         |  |  |  |  |  |  |
| Residence (City, State & Country)  | · · · · · · · · · · · · · · · · · · · | CITIZENSHIE   | 1                                     |  |  |  |  |  |  |
| Kyoungsangbuk-do, Korea  |                                       | Republic of K | orea                                  |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address including City, State & Country)                        |                                       |               |                                       |  |  |  |  |  |  |
| #104-401, Sungwon Apartment, 528, Kupo-dong, Kumi-shi, Kyoungsangbulodo, Korea, Repubic of Korea |                                       |               |                                       |  |  |  |  |  |  |
| GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  | Ĭ             | DATE                                  |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| Residence (City, State & Country)  |                                       | CITIZENSHUP   |                                       |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address in  | nduding City, State & Country)        |               |                                       |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| GIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  |               | DATE*                                 |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| Residence (City, State & Country)  |                                       | CITIZENSHII   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address including City, State & Country)                        |                                       |               |                                       |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| CIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  |               | DATE*                                 |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| Residence (City, State & Country)  |                                       | CITIZENSHIP   | ,                                     |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address including City, State & Country)                        |                                       |               |                                       |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| CIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  |               | DATE*                                 |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| Residence (City, State & Country)  |                                       | CITIZENSHIE   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address including City, State & Country)                        |                                       |               |                                       |  |  |  |  |  |  |
| •  |                                       |               |                                       |  |  |  |  |  |  |
| CIVEN NAME/FAMILY NAME   | INVENTOR'S SIGNATURE                  |               | DATE                                  |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| Residence (City, State & Country)  |                                       | CITIZENSHIE   | ,                                     |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |
| MAILING ADDRESS (Complete Street Address to  | nchiding City, State & Country)       | l <u></u>     |                                       |  |  |  |  |  |  |
| i<br>I   |                                       |               |                                       |  |  |  |  |  |  |
|  |                                       |               |                                       |  |  |  |  |  |  |

Pall Name of Buth Townset, if onyt